



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

JOINT FUND-RAISING EVENT – ASSISTING ORGANIZATION (09)

FEE: \$ _____

ALL QUESTIONS REQUIRE AN ANSWER. IF A QUESTION IS NOT APPLICABLE, USE "N/A".

- The lead organization must complete a *Joint Fund-Raising Event – Lead Organization* (GC4-090j) application and a *Joint Fund-Raising Event Agreement* (GC4-090a).
- Assisting organizations must complete this form (GC4-090p).

SUBMIT APPLICATION 60 DAYS PRIOR TO THE EVENT

Type of Event: ☐ Class C For each assisting organization in the joint fund raising-event.

Limits Per Calendar Year: Two 24-hour or one 72-hour event, maximum of \$10,000 total annual net receipts.

1. GENERAL INFORMATION: (To be completed by **ALL** applicants.)

- a. Applicant: _____
Organization Name / Chapter (Assisting Organization)
- b. Mailing Address: _____

City State Zip County
- c. (_____) - _____ (_____) - _____ (_____) - _____
Organization Telephone Gambling Premises Telephone Fax Number
- d. Unified Business Identifier (UBI) number assigned by the Department of Revenue: _____
- e. Has the lead or assisting organization(s) ever held a gambling commission license?
☐ No ☐ Yes If "Yes", When & Under What Name: _____

2. EVENT INFORMATION:

- a. Date of Event: **NOTE: Dates and Times Must be Exact**
From: _____ AM _____ PM
Date Time (If Noon or Midnight, so state)
To: _____ AM _____ PM
Date Time (If Noon or Midnight, so state)
- b. Name of Premises to be used for Event: _____
Premises Owner: _____
Premises Street Address: _____

City State Zip County
- c. City Limits: ☐ Inside ☐ Outside
- d. Owner of Equipment: _____
Organization / Distributor
Address: _____

City State Zip County

Val#: _____ 211- _____ Amount: \$ _____ Date: _____
AGENCY USE ONLY

2. EVENT INFORMATION: (Continued)

e. Proposed Event Manager: _____
Last First Middle

Home Address: _____
City State Zip County

Date of Birth: _____ Social Security Number: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

3. ORGANIZATION MEMBERS: (Complete as required.)

a. President: _____
(or Equivalent) Last First Middle

Home Address: _____
City State Zip County

Date of Birth: _____ Social Security Number: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

b. Treasurer: _____
(or Equivalent) Last First Middle

Home Address: _____
City State Zip County

Date of Birth: _____ Social Security Number: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

c. Chairman of the Board: _____
(or Equivalent) Last First Middle

Home Address: _____
City State Zip County

Date of Birth: _____ Social Security Number: _____

Home Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

4. QUALIFICATION / CERTIFICATION INFORMATION:

a. Historical Information:

(1) When was your organization formed or incorporated? _____
Month Day Year

(2) When does your accounting fiscal year end? _____
Month Day

(3) Mark ☒ all the purposes for which your organization is formed and operated. **Circle the primary purpose:**

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Charitable	<input type="checkbox"/> Educational	<input type="checkbox"/> Patriotic	<input type="checkbox"/> Religious	<input type="checkbox"/> Others
<input type="checkbox"/> Athletic	<input type="checkbox"/> Civic	<input type="checkbox"/> Fraternal	<input type="checkbox"/> Political	<input type="checkbox"/> Social	

4. QUALIFICATION / CERTIFICATION INFORMATION: (Continued)

a. Historical Information: (Continued)

(4) Is your organization exempt from the payment of federal income taxes? ☐ No ☐ Yes

If Yes, what is your Internal Revenue Service (IRS) exemption code section? 501(c)(_____) [Examples: 501(c)(3) / 501(c)(4)]. **Call us if you are confused about your particular IRS code.**

(5) Is your organization a branch, chapter, or auxiliary of another charitable or nonprofit organization?

☐ No ☐ Yes **If Yes**, what is the name of organization? _____
Relationship? _____

(6) Are gambling funds being used (or plan to be used) to benefit the affiliated organization?

☐ No ☐ Yes **If Yes**, which affiliated organization? _____
Relationship? _____

b. Membership Information: (All Applicants)

(1) How many regular membership meetings has your organization held during your last fiscal year? _____

(2) How many active members are in your organization as of the date of this application? _____

(3) Are all members allowed to vote in elections for officers and board members?

☐ Yes ☐ No **If No**, how many voting members? _____

c. Briefly describe how, over the past fiscal year, your organization has met the purpose(s) checked and circled in #4.a.(3). (Attach additional sheets of paper if needed.)

d. Briefly describe the type(s) of charitable or nonprofit services provided by your organization to the public and / or your members. (Attach additional sheets if needed.)

To the public:

To your members:

5. REQUIRED ATTACHMENTS

- a. **New Applicants Only:** This information is used to determine the qualifications of your organization. Management, members, premises, and employees are all considered. Please mark ☒ each listed area for which material is being submitted. Applicants previously licensed by the commission need not submit these items unless specifically requested to do so.
- ☐ (1) IRS Exempt Status Letter – enclose a copy of your IRS letter declaring your organization is exempt from the payment of federal income taxes. If you do not have a letter declaring exemption for your particular branch or chapter, you must obtain a letter from the IRS prior to submitting this application.
- ☐ (2) A copy of your current bylaws and articles of incorporation.
- ☐ (3) One set of minutes from any meeting of your organization from as far back as you can find.
- ☐ (4) Copies of the minutes from your two most recent meetings.
- b. **All Applicants:** Submit the following documents / information and mark ☒ each listed area for which material has been submitted.
- ☐ (1) Written lease or rental agreement for use of the premises. (If you own the premises, so note.)
- ☐ (2) Written lease or rental agreement for use of equipment. (If you own the equipment, so note.)
- ☐ (3) Other. All other attachments required either due to lack of space or by option.

List: _____

*** * S T O P * ***

Please review the entire application again. Complete all questions. Attach all required documents. This will facilitate the processing of your application and prevent delays due to missing or incorrect information. If you need our help, please ask.

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.17) and other Washington laws. Per WAC 230-04-020 (4), the Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the unlikely event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.17.330.

OATH OF APPLICATION

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided on this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of an initial application or revocation of any gambling license(s) currently held. I further understand that if I voluntarily withdraw or if the commission administratively closes my application, the remainder of my fee, minus the commission's processing and investigative costs, will be refunded. I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission. (See WACs 230-04-022, 230-12-305, and 230-12-310.)

Signature of the Elected Chief Executive Officer: _____

Print Name: _____

Title: _____ Date: _____

Application Prepared By:

_____	_____	_____
Name	Title	Date
_____		(_____) - _____
Address		Telephone
_____		(_____) - _____
City	State	Zip
		Fax